

REQUEST FOR AMBER ALERT

STATE OF NORTH DAKOTA

SFN 53635 10/02

Date:	Time:	Requesting Law Enforcement Officer/Agency/Phone Number:
-------	-------	---

VICTIM #1 INFORMATION

Name:		Address:	
DOB:	Age:	Sex:	Race:
Height:	Weight:	Hair Color and Style:	Eye Color:
Identifying Marks:			
Clothing Description:			
Where the Abduction Took Place:			
Where and When the Child Was Last Seen:			

VICTIM #2 INFORMATION

Name:		Address:	
DOB:	Age:	Sex:	Race:
Height:	Weight:	Hair Color and Style:	Eye Color:
Identifying Marks:			
Clothing Description:			
Where the Abduction Took Place:			
Where and When the Child Was Last Seen:			

SUSPECT #1 INFORMATION

Name:			Address:		
DOB:	Age:	Sex:	Race:	Height:	Weight:
Hair Color and Style:				Eye Color:	
Identifying Marks:					
Clothing Description:					
Area Last Observed:					

SUSPECT #2 INFORMATION

Name:			Address:		
DOB:	Age:	Sex:	Race:	Height:	Weight:
Hair Color and Style:				Eye Color:	
Identifying Marks:					
Clothing Description:					
Area Last Observed:					

VEHICLE INFORMATION

Color:	Year:	Model:	Body Style:
License Plate Number/State:		Miscellaneous Information:	

ADDITIONAL INFORMATION

Were there witnesses to the abduction: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate reason you believe individual to be in danger:	
Is there reason to believe the suspect is a relative or has some other special relationship with the victim: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate any circumstances you feel are pertinent to the case:	
Phone number for public to call to provide information:	Phone number for the media to call:
ADDITIONAL COMMENTS OR CONTINUATION OF INFORMATION FROM PREVIOUS BLOCKS	

CRITERIA

<ol style="list-style-type: none">1. The abduction involves a child or children 17 years of age or younger;2. Confirmation by local law enforcement of a stranger or a family abduction in which the child is believed to be in grave danger of serious bodily harm or death; and,3. Descriptive information about the child, the abductor, and/or suspect's vehicle to assist with the safe recovery of the victim and/or the apprehension of the suspect.4. Is there enough information about the child, suspect, and/or suspect's vehicle to believe an immediate broadcast alert will help?
--

INSTRUCTIONS

If the criteria for an AMBER Alert have been met, the law enforcement agency requesting the AMBER Alert should complete this form and fax it to State Radio Communications at 701-328-9926 while at the same time calling State Radio at 701-328-9921 to request the Alert. The request will be reviewed by the Bureau of Criminal Investigation. The Highway Patrol will authorize activation of the AMBER Alert and dissemination of alert information to the media. State Radio will activate the AMBER Alert.
